

Workplace Injury Incident Report

Healthcare Staff

Employee Information

Full Name

Position/Title

Department

Employee ID

Contact Number

Incident Details

Date of Incident

Time of Incident

Location of Incident

Describe How the Incident Occurred

Describe the Injury (body part, severity, etc.)

Immediate Action Taken

What immediate actions were taken following the incident?

Witnesses

List names and contact information of any witnesses

Additional Comments or Follow-up Needed

Reported By

Date

Signature